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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/818,400
		Filing Date	March 27, 2001
		First Named Inventor	Trevor Robert MacLean et al.
		Art Unit	3622
		Examiner Name	Daniel Lastra
Total Number of Pages in This Submission		Attorney Docket Number	24349.000
ENCLOSURES (check all that apply)			
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PTO/SB/17 (12-04v2)

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lenwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) 09/818,400 **Application Number** EE TRANSMITTA March 27, 2001 Filing Date for FY 2005 Trevor Robert MacLean et al. First Named Inventor **Examiner Name** Daniel Lastra Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3622 Attorney Docket No. 24349.000 TOTAL AMOUNT OF PAYMENT \$510.00 METHOD OF PAYMENT (check all that apply) M Check ☐ Credit Card ☐ Money Order □ None Other (please identify): Deposit Deposit Account Name: 03-3415 Deposit Account Number: \_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES Small Entity **Small Entity** Small Entity Fees Paid(\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** Fee (\$) 200 100 300 150 500 250 Utility 130 65 100 100 50 200 Design 160 80 200 100 300 150 Plant 600 300 300 150 500 250 Reissue O n O 200 100 0 Provisional 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Extra Claims Total Claims - 20 or HP = \$50.00 \$0.00 X HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Fee (\$) Indep. Claims - 3 or HP = \_ X \_ \$200.00 \$0.00 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Fee (\$) Fee Paid (\$) Number of each additional 50 or fraction thereof **Total Sheets** 0 (round up to a whole x <u>\$250.00</u> \$0.00 -100 =/50 Fee Paid (\$) 4. OTHER FEE(S) \$130 fee (no small entity discount) Non-English specification, \$510.00 Other (e.g., late filing surcharge): Extension for reply within third month SUBMITTED BY Registration No. 212-790-9200 22,479 Telephone Signature Date December 2, 2005 Name (Print/Type) R. Lewis Gable

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